FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instructio		14				Office	use only			
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyir the lines	ıg, type	12FI	4M5	Office	use only			_
TOGETHER F	OR OUR MAJORI	TY POLITICAL A	ACTION	СОММІТТ	EE (TOM	PAC)	1 1		1 1			
		11111	1 1 1		1 1 1		1 1		1 1	1 1	 I I	
ADDRESS (number and	d street)	Box 16488						ш			ш	<u>—</u> Ш
(Check if add	dress						ш	ш		ш	ш	Ш
is changed)	Arlir	gton			Ш	L VA	_	Ш	22215	J-L	ш	لــ
COMMITTEE'S E-MA	All ADDRESS		CITY▲			STATE	•		ZIP C	ODE 4	•	
	eekgroup.com									1 1		. 1
		<del></del>			1 1				1 1			 ,
COMMITTEE'S WEE	B PAGE ADDRESS (U	IRL)			, ,							
												, 1
COMMITTEE'S FAX 7035481925  2. DATE 1	M / D D / Y	Ž 0 0 8 Y										
3. FEC IDENTIFIC	ATION NUMBER	[	C C00	364174								
4. IS THIS STATE	MENT NEV	V (N) OR	X	AMENI	DED (A)							
I certify that I have example or Print Name of	nined this Statement and	I to the best of my kno	owledge an	d belief it is tr	ue, correct ar	nd comple	ete					
Signature of Treasure	er Electronically File	d by <b>Daniel Ca</b>	nistra			Date	<sup>M</sup> 10	M /	01	Y	Ý 0 (	0 8 <sup>°</sup>
NOTE: Submission of f	false, erroneous, or incor	nplete information ma	-		_				 2 U.S.C.			
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commis 0-424-9530				EC F(	_		

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5.		COMMITTEE (Check One) te Committee:								
	(a)	a) This committee is a principal campaign committee. (Complete the candidate information below.)								
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate							
	Name of Candidate	e								
	Candidate Party Affil		State District							
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate	e								
	Party Cor									
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.							
	Political A	Political Action Committee (PAC):								
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:									
		Corporation Corporation w/o Capital Stock Lab	oor Organization							
		Membership Organization Trade Association Co	operative							
	(f) >	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint Fun	ndraising Representative:								
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political							
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political							
	C	committees Participating in Joint Fundraiser								
		1 FEC ID number C								
		2. FEC ID number								
		3. FEC ID number								
		4. FEC ID number C								
		FEC ID number C								

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•	e Committee Name THER FOR OUR	MAJORITY POLITICAL ACTION COMMITTE	E (TOMPAC)				
6. Name of	Any Connected Or	ganization, Affiliated Committee, Leadership PAC	Sponsor or Joint Fundrais	ing Representative			
Reynold	s, Thomas M						
Mailing Ad	ddress	8261 OLD POST RD E					
3		1					
		E AMHERST	NY L	14051			
		CITY▲	STATE <b>≜</b>	ZIP CODE			
Relationsl	hip: nected Organization	Affiliated Committee X Leadership	o PAC Sponsor Joint	Fundraising Representative			
	ion of Committee Bill Oc	entify by name, address, (phone number ope books and records.  orbeek  P.O. Box 16488	itional), and position of th	e person in			
		Arlington	VA	22215			
Title or Po	osition 🔻	CITY A	STATE	ZIP CODE A			
	Executive	<b>Director</b> Te	lephone number				
	<b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name of Treasu	Dania	Canistra					
Mailing A	ddress	P.O. Box 16488					
		Arlington	VA	22215 _			
Title or Po	osition 🔻	CITY &	STATE A	ZIP CODE A			
	Treasure	·	703	_ 548 _ 8621			

Telephone number

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	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE A	
		Tele	phone number	
9.	Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, e	tains funds.	committee deposits funds, hold	ds accounts, rents
	Wacl	1ovia		
	Mailing Address	210 Pennsylvania Avenue, SE		
		Washington	<b>DC</b>	20003
		CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕
	Name of Bank, Depository, e	tc.		
	GE N	floneybank		
	Mailing Address	4246 S Riverboat Road		
		Suite 200		
		Salt Lake City	ŲT	84123
		CITY 🔼	STATE <b>△</b>	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintain		e deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.	3.4		[ ADDITIONAL ]
Isreal D	isc Bank		
Mailing Address	511 5th Avenue		
		1 1 1 1 1 1	
	New York	NY	10017
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Sponso	r or Joint Fundrais	[ ADDITIONAL sing Representative
Mailing Address			
elationship:	CITY	STATE	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Sponso	or Joint Fur	ndraising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE <b> ∆</b>	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ ADDITIONAL ]
L	FEC	ID number C	

Banks or Other Depositories safety deposit boxes or maintain		nittee deposits funds, hold	ls accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
	ign Bank		1
Mailing Address	840 Pennsylvania Avenue		
	Wyomissing	PA	19610
	CITY 🗖	STATE. <b>△</b>	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Leadership PAC Spo	nsor or Joint Fundraisi	[ ADDITIONAL ] ng Representative
Mailing Address			
Relationship:	CITY	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Spo	onsor Joint Fund	raising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE <b></b> ▲	ZIP CODE A
	Telepl	hone number	
Joint Fundraiser Participant	<u> </u>		[ ADDITIONAL ]
<u> </u>		EC ID number	

Banks or Other Depositories: safety deposit boxes or maintain		ositories in which the committee of	deposits funds, holds a	accounts, rents
Name of Bank, Depository, etc.	io farido.		[ 4	ADDITIONAL ]
ING DIF	RECT			ı
Mailing Address	P.O. Box 60			
	1			1
	St Claus		, MN, ,	56302   0060
	St. Clous			
_	CITY	<b>A</b>	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committe	ee, Leadership PAC Sponsor o	or Joint Fundraising	[ ADDITIONAL ] Representative
Mailing Address				
Relationship:	CIT	Υ <b>Δ</b>	STATE A	ZIP CODE
Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Joint Fundrais	sing Representative
Designated Agent			[	ADDITIONAL ]
Full Name				
Mailing Address				
Title or Position ▼	CIT	ΓY <b>A</b>	STATE	ZIP CODE A
		Telephone n	number -	
Joint Fundraiser Participant		. 3.556110		ADDITIONAL ]
		I		
		FEC ID	number C	